



NCD ALLIANCE

NORTHERN IRELAND

Progress report on the implementation of the 2022 Non-Communicable Disease Alliance Manifesto

A report by NCD Alliance Northern Ireland



Introduction

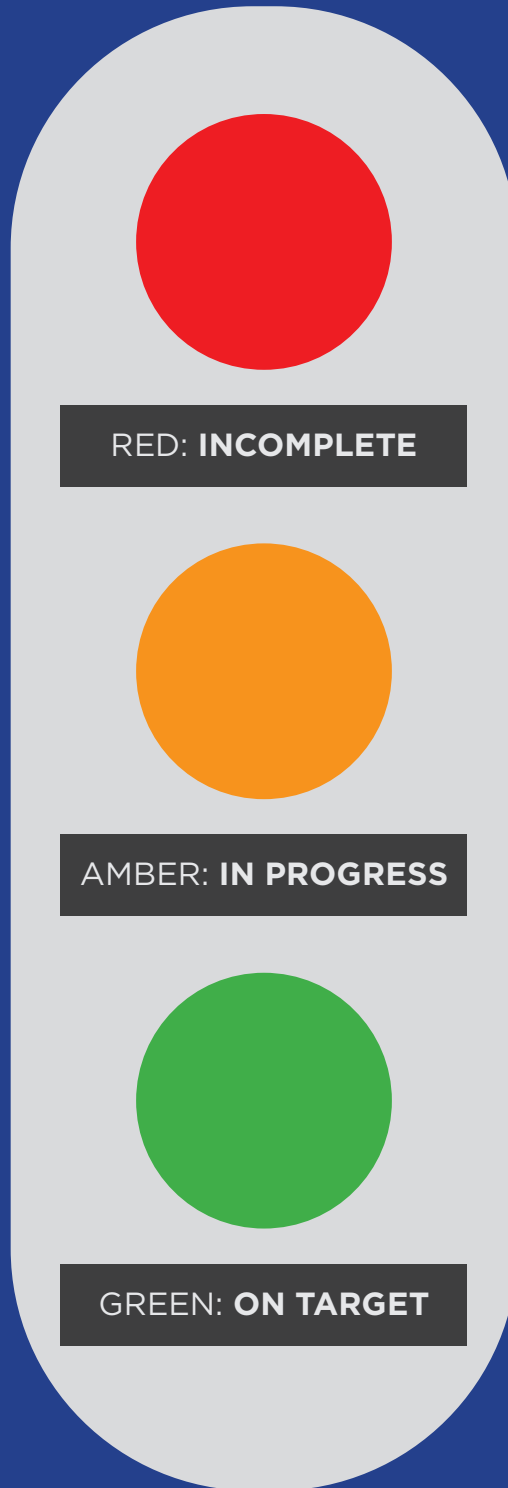
Non-communicable diseases (NCDs) are long term health conditions that are not spread from one person to another.¹ They include cardiovascular disease, cancer, chronic respiratory disease, diabetes and liver disease. NCDs have a greater impact on people living in the most deprived communities and in Northern Ireland, more than four out of every five deaths are caused by NCDs.² Many of these deaths and lost years of healthy life could be prevented through action to address the most common NCD risk factors: tobacco use, alcohol consumption, and diets high in fat, salt and sugar (HFSS), all of which are shaped by the commercial determinants of health.³

The NCD Alliance Northern Ireland is made up of leading health charities and professional bodies which collaborate to call for better prevention and control of NCDs. In 2022, the NCD Alliance launched the **NCD Prevention Manifesto** which outlined the burden of NCDs on society, the economy and the health and social care system.⁴ This report produced fourteen evidence-based policy recommendations to reduce the prevalence of NCDs by addressing the commercial determinants of health.

Since 2022, there has been limited progress to reduce the prevalence of modifiable NCD risk factors. The publication of a new obesity prevention framework, the introduction of regional weight management services, alcohol addiction treatment, and smoking cessation services collectively signal a degree of commitment to improve population-level health but fall short in the delivery of system-level change to effectively tackle the commercial determinants of health. Key population-level measures have stagnated or remain incomplete, including the absence of a smoke-free target date, delayed action on minimum unit pricing for alcohol, lack of bariatric surgery provision, and failure to legislate restrictions on HFSS price promotions and alcohol advertising. These gaps highlight the need to prioritise and adequately fund prevention policy and implementation programmes to effectively reduce the prevalence of NCDs in Northern Ireland.

Drawing on available data, policy and legislative developments, the following report assesses progress of the fourteen recommendations for NCD prevention and control in Northern Ireland using a Red-Amber-Green (RAG) rating system. Through this progress review, the NCD Alliance Northern Ireland seeks to reignite political momentum to accelerate action to reduce the burden of NCDs.

Red-Amber-Green (RAG) rating system of policy progress



RAG STATUS:
AMBER



IN PROGRESS

- 1 Establish a smoke-free target date and develop a new Tobacco Control Strategy to achieve a smoke-free Northern Ireland. This should use the learning from the 2012–2022 strategy evaluation whilst looking ahead to the future challenges in tobacco control.**

A smoke-free society is one in which less than 5% of the population smoke. In Northern Ireland, around 12% of the population smoke, highlighting the significant gap between current rates and the smoke-free target.⁵ This persistent prevalence underscores the need for robust tobacco control measures, as tobacco is the single greatest cause of preventable illness and premature death in Northern Ireland and is a primary driver of NCDs including cardiovascular disease, cancers and chronic respiratory diseases.⁶ The Northern Ireland Executive has not yet established a smoke-free target date meaning that Northern Ireland is the only part of the UK without such a date.

The **10-Year Tobacco Control Strategy** was due to expire in 2022 but was extended to 2024, partly due to pandemic-related pressures. The final review of the strategy includes a commitment to develop a successor strategy, however this has yet to be announced, indicating that the 2012 strategy will continue to provide direction for tobacco control as the Department of Health focusses on the forthcoming Tobacco and Vapes Bill.⁷

In February 2025, the Assembly voted in favour of a Legislative Consent Motion to extend the provisions of the UK Tobacco and Vapes Bill to Northern Ireland.⁸ The Bill will create a smoke-free generation by making it an offence for anyone born on or after 1 January 2009 to be sold tobacco products.⁹ The Bill also prohibits the sale of non-nicotine vapes and other nicotine products to under 18s. Furthermore, the Bill confers powers to the Department of Health in Northern Ireland to introduce additional smoke-free and heated tobacco-free places including any place that is open to the public.¹⁰ The Bill therefore presents positive advancements towards protecting future generations from the health impacts of smoking, however for effective, whole-population NCD prevention, the Bill must be accompanied by a fully funded, renewed Tobacco Control Strategy with a clear roadmap to achieve a smoke-free Northern Ireland, where less than 5% of the population smoke.

RAG STATUS:

GREEN



ON TARGET

2 Develop and publish, in 2022, a new evidence-based obesity prevention strategy that takes a system-wide approach.

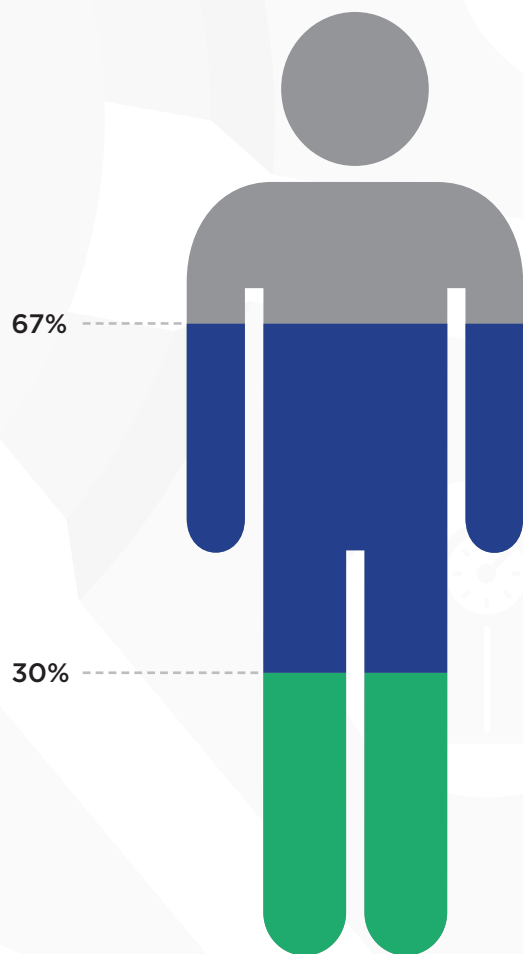
Having excess weight or living with obesity is a significant risk factor for the development of numerous NCDs including heart disease, chronic respiratory diseases, Type 2 diabetes and certain types of cancer.¹¹ Obesity has been linked to 1 in 8 premature deaths from NCDs in Northern Ireland, where two-thirds (67%) of the population are living with excess weight or obesity.^{12,13} Furthermore, obesity levels in Northern Ireland have increased from 23% in 2010/11 to 30% in 2024/25.¹⁴ These figures highlight the urgent need for decisive action to curb the rise in obesity levels and reduce the prevalence of obesity-related NCDs.

Given the complex, multifactorial causes of obesity, a whole-systems approach is necessary to effectively address the commercial, social and economic factors which influence population level dietary habits.¹⁵ These causal factors have been acknowledged by the World Health Organization which has outlined that a coordinated, collaborative approach which targets the determinants of poor diet is likely to be most effective in reducing obesity.¹⁶ A whole systems approach (WSA) shifts the focus from individual responsibility to the multifactorial drivers of overweight and obesity.¹⁷ A WSA to obesity prevention requires co-ordinated action across all Northern Ireland Executive departments working with a broad range of disciplines and stakeholders including local councils and communities.

In November 2025, the Department of Health published a new strategic framework to reduce the prevalence of obesity in Northern Ireland. The NCD Alliance welcomes the publication of **Healthy Futures: A Systemic Strategic Framework to Prevent the Harm caused by Obesity in Northern Ireland**.¹⁸ The framework emphasises the importance of a comprehensive approach to improving population level health and acknowledges the wider commercial, social, environmental and economic determinants of obesity which have been clearly linked to NCDs.

The NCD Alliance welcomes the principles underpinning the framework and the ambition to reduce the prevalence of overweight and obesity-related NCDs. However, the

impact of the whole-systems ambition is potentially limited by the absence of a governance structure outlining accountability mechanisms for implementation and specific cross-departmental collaboration. The lack of clear, measurable targets and ring-fenced funding pose challenges to meaningful progress in the reduction and prevention of obesity and obesity-related NCDs in Northern Ireland.

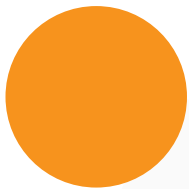


two-thirds

of the population are living with **excess weight (37%)** or **obesity (30%)** in Northern Ireland.

RAG STATUS:

AMBER



IN PROGRESS

3 Fully implement the Preventing Harm, Empowering Recovery—Substance Use Strategy (2021–31).

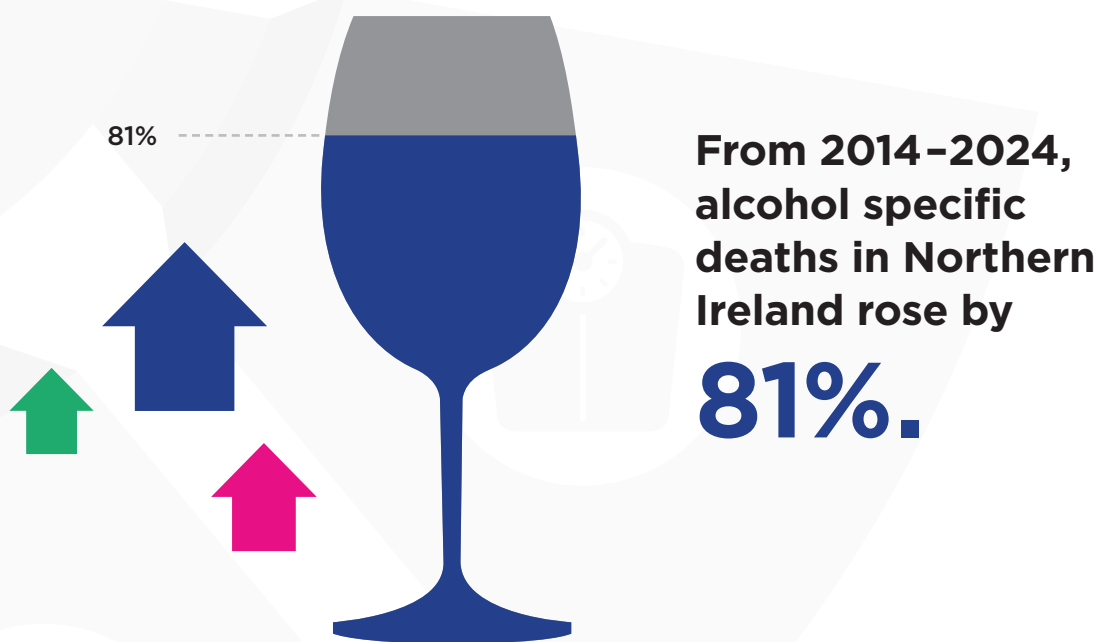
Since 2022, there has been some progress on the implementation of the Substance Use Strategy but there have also been notable delays on key policies related to alcohol consumption. The Strategy set out a clear vision to reduce harm and stigma related to alcohol and drug use, improve access to treatment, and strengthen prevention.¹⁹ A significant milestone was the launch of the **Substance Use Strategic Commissioning and Implementation Plan (2024–2028)**, which identifies eight priorities for the Executive and the Department of Health, including a prevention-focused reduction in alcohol-related deaths and health harms.²⁰ However, progress on key population-level health measures has been slow.

Alcohol consumption is a key risk factor for the development of NCDs. An estimated 676 people in Northern Ireland die each year as a direct result of alcohol consumption.²¹ From 2014–2024, alcohol-specific deaths in Northern Ireland rose by 81% which illustrates the urgency for action to avoid further preventable deaths.²² Pricing policies have been identified by the World Health Organization as the most effective and cost-effective way to reduce alcohol-related harm.²³ The Department of Health completed a public consultation on Minimum Unit Pricing (MUP) for alcohol in 2022, with strong stakeholder support, but legislation has yet to be introduced by the Executive.

This delay is particularly concerning given the commitment outlined in the Substance Use Strategy for the introduction of MUP for alcohol and the strong evidence from Scotland, Wales, and the Republic of Ireland, which demonstrates the policy's effectiveness in reducing alcohol related harm.²⁴ Similarly, while the Strategy recognised the importance of restricting alcohol advertising, particularly to protect children and young people, no clear or concrete actions have yet been taken in this area.

Monitoring and accountability have improved, with an **Indicators Summary Report** published in 2025 and interim updates showing that 33 of 57 actions are progressing as planned, while 24 remain delayed or dependent on additional funding.²⁵ This reflects structural progress but

also underscores the need for sustained investment and prioritisation of prevention-focused action. The absence of legislative progress on MUP and advertising restrictions represents a critical gap. Introducing these evidence-based measures and securing funding for delayed actions, will be essential to deliver the Strategy's vision and curb rising alcohol-related harms in Northern Ireland.



RAG STATUS:
AMBER



IN PROGRESS

4 Empower and encourage local government to regulate access to unhealthy food through improved planning and registration arrangements for the out of home sector.

Evidence suggests that meals eaten or prepared out of the home such as in restaurants or takeaways, tend to be larger in portion size, higher in saturated fat, sugar and salt and lower in fruit, vegetables and micronutrients compared to meals prepared at home.^{26, 27} Research indicates that the community food environment in which we live, influences the food we consume. Living closer to food outlets that sell less healthy options is associated with increased fat, salt and sugar (HFSS) consumption, higher body mass index (BMI) and obesity.^{28, 29}

Those living with excess weight or obesity are at a significantly higher risk of developing NCDs such as cardiovascular disease, type 2 diabetes and certain types of cancer.³⁰ Policies which focus on individual responsibility have had limited success for effectively preventing obesity and reducing overall prevalence. Commercial determinants, such as the availability and accessibility of certain foods, have been shown to directly influence our dietary habits.³¹ Fast food outlet exposure is among the most highlighted determinants of overweight and obesity.³² In Northern Ireland, fast food outlets are significantly more concentrated in areas of higher deprivation, where obesity levels are highest.^{33, 34} Across Northern Ireland, there is a high number of fast food outlets within 400m of secondary schools and approximately 2.5 times as many secondary schools with one or more fast food outlets in the most deprived areas compared to the least.³⁵

The NCD Alliance welcomed the publication of Belfast City Council's *Sensitive Uses Supplementary Planning Guidance* in May 2023, which introduced proximity to schools as a material consideration in planning decisions for hot food takeaways.³⁶ This represents a positive step towards improving the local food environment by enabling councils to refuse planning permission for outlets near schools. However, the guidance is advisory rather than prescriptive, meaning decisions remain discretionary and permissions can still be granted. Furthermore, this approach is currently limited to Belfast and has not been adopted uniformly across other councils, leaving significant regional gaps.

A shift towards a whole-systems approach is evident in the cross-departmental **Food Strategy Framework (2024)** and its accompanying two-year **Action Plan (2025–2027)**, which commits to creating healthier food environments across Northern Ireland.^{37, 38} The framework includes actions to support reformulation in the out-of-home sector, improve nutritional standards in public settings, and review children’s menus in restaurants. While these measures signal a shift towards systemic change, they do not yet mandate planning restrictions or provide statutory powers to regulate the density and location of fast food outlets.

To reverse the rising trend of obesity in Northern Ireland, further action is needed to create a healthier food environment and prevent obesity related NCDs. Local councils should use planning powers more consistently to limit the spread of unhealthy food outlets in areas of higher deprivation and to take account of the impact of outlets located near schools and other places frequented by children and young people. Regional policy frameworks must also be strengthened to provide stronger regulatory levers, monitoring arrangements and move beyond voluntary guidance towards enforceable standards that can create a healthier food environment.



fast food outlets are significantly more concentrated in areas of higher deprivation.

RAG STATUS:
AMBER



IN PROGRESS

5 Commit to tackling the availability of alcohol through the lens of harm reduction, including implementation and delivery of the new Substance Use Strategy (2021-31).

Since 2022, progress on reducing alcohol availability, as set out in the **Substance Use Strategy (2021-31)**, has been mixed. The Strategy identified that availability and affordability drive alcohol consumption, which is directly linked to NCDs such as heart disease, cancer, and liver disease.³⁹ While planning has advanced, delivery on the most impactful actions remains limited. MUP is internationally recognised as a highly effective and cost effective way to reduce alcohol related harm.⁴⁰

Legislation for MUP has not yet been introduced in Northern Ireland. This is despite Ministerial commitments, stakeholder support and strong evidence that MUP will reduce alcohol consumption, hospital admissions and preventable death.⁴¹ Similarly, while the Strategy highlighted the importance of regulating alcohol availability through licensing and restricted advertising, progress has been minimal. A review of licensing arrangements was completed in 2024-25, but proposed reforms to curb outlet density were rejected, and no actions have been taken to limit alcohol marketing, leaving a critical gap in harm reduction efforts.

The Licensing and Registration of Clubs (Amendment) Act (2021) had the effect of increasing alcohol availability by extending opening hours and reducing restrictions on late night drinking, which has impacted alcohol related crime. The **Independent Review of the Liquor Licensing System in Northern Ireland** clearly illustrates the correlation between higher density of alcohol outlets, alcohol availability and increased risks of mortality, hospital admissions and crime. Despite the evidence, the key recommendations fall short of mitigating the rising crisis of alcohol health harms which, as the review outlines, is the fundamental purpose of liquor licensing.⁴²

RAG STATUS:

AMBER



IN PROGRESS

6 The Northern Ireland Assembly and Executive should restrict the advertising of alcohol and high fat, salt and sugar food and drink where they have the powers to do so.

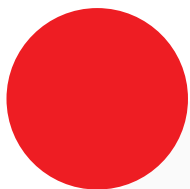
The links between high fat, salt and sugar (HFSS) consumption, obesity and NCDs are well established. Exposure to advertising of less healthy food and drink directly impacts consumption, particularly in children and adolescents and is associated with an increased likelihood of developing obesity.⁴³ Restrictions to advertising alcohol and HFSS products are therefore key for effectively preventing the development of NCDs.

Since the launch of the **NCD Alliance Northern Ireland Prevention Manifesto in 2022**, significant progress has been made to restrict HFSS advertising. The UK Health and Care Act 2022 amended the Communications Act 2003 to introduce a 9pm watershed on broadcast TV advertising of less healthy food and drink products and a 24-hour restriction on paid-for online advertising.⁴⁴ These provisions were operationalised through the Advertising (Less Healthy Food Definitions and Exemptions) Regulations 2024, which came into effect on 1 October 2025 and apply in Northern Ireland.⁴⁵ In an effort to protect children from exposure to less healthy food and drink, as of 5th January 2026, advertisements for less healthy food and drinks are banned on television before 9pm and online at all times. This legislative advancement is welcome given the evidence that advertising restrictions can positively influence dietary behaviours by reducing exposure to unhealthy products.

However, the legislation falls short of fully meeting the NCD Alliance recommendation, as alcohol advertising remains exempt. This omission is significant from an NCD prevention perspective, given the influence that advertising has on consumption and increased risk of cancers, cardiovascular disease, and liver disease. While HFSS restrictions represent a positive step toward creating a healthier food environment, the absence of parallel measures for alcohol advertising leaves a critical gap in efforts to reduce population-level risk factors for NCDs. Future policy development should prioritise comprehensive advertising restrictions that include alcohol to achieve a greater public health impact.

RAG STATUS:

RED



INCOMPLETE

- 7 The Northern Ireland Executive and the Public Health Agency should create and launch yearly, unique mass media campaigns that encourage smokers to quit, targeted at communities where smoking rates are highest. These campaigns should promote the use of smoking cessation services to enable people to engage with effective support to quit smoking.**

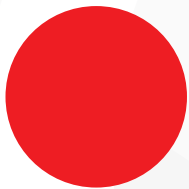
Smoking is one of the leading causes of preventable illness and premature death in Northern Ireland, increasing the risk of developing NCDs.⁴⁶ Those living in the most deprived areas of Northern Ireland are three times more likely to smoke than those living in the least deprived areas, making smoking a driver of health inequalities.⁴⁷ Evidence shows that mass media campaigns, as part of a wider tobacco control plan, are effective in encouraging smokers to quit and consequently reducing overall smoking rates.⁴⁸ However, funded public health campaigns have been suspended since 2022. This gap underscores the need for a renewed focus on sustained, strategic mass media efforts to support smoking cessation, particularly in those areas most affected by tobacco use.

Smoking cessation services remain widely available through GPs, pharmacies, and community settings, with strong success rates, including 9,600 people reporting quitting in 2024/25.⁴⁹ However, challenges remain with smoking cessation services reaching just 3.8% of adult smokers during 2022–2023, which is below the 5% target.⁵⁰ This further highlights the need for mass media campaigns to socialise the availability of these services and to boost engagement. Without sustained, high-profile campaigns, opportunities to reduce smoking prevalence and prevent tobacco-related NCDs are being missed. Reinvestment in annual, community-focused campaigns that promote cessation services is essential to lower smoking prevalence in Northern Ireland and effectively prevent smoking-related NCDs.



RAG STATUS:

RED



INCOMPLETE

8 Legislate to restrict the use of price promotions on high fat, salt and sugar food and drink, to help make the healthiest choice the easiest choice.

The links between HFSS consumption, obesity and NCDs are clear.⁵¹ **The Obesity Strategy for Northern Ireland**, published in November 2025, acknowledged the effect of food marketing and price promotions on the food choices we make but made no explicit commitment to introduce legislation to restrict price promotions on HFSS products.⁵²

The UK Government introduced legislation in England to restrict how HFSS products can be promoted online and in stores.⁵³ The rules limit volume price promotions, such as “buy-one-get-one-free” and “three-for-two” offers, and where these products can be placed, including entrances, aisle ends and checkouts. These location restrictions apply to retail stores larger than 185.8 square metres and to medium and large businesses with 50 or more employees. The location based restrictions came into force in October 2022, while restrictions on volume price promotions came into effect in October 2025.⁵⁴ Similar regulations are set to come into force in Wales in March, 2026 and in Scotland in October 2026.^{55, 56} In Northern Ireland, no such plans have been outlined.

Without similar restrictions in Northern Ireland, the region will fall behind in creating a healthier food environment, perpetuating high levels of HFSS consumption and associated obesity rates. Introducing these measures would align Northern Ireland with the rest of the UK, reduce health inequalities, and make the healthier choice the easier choice – an essential step in tackling the growing burden of NCDs.



RAG STATUS:

RED



INCOMPLETE

9 Introduce a minimum unit price for alcohol, to reduce alcohol harm. This minimum unit price should be continuously reviewed to account for price inflation to optimise the effectiveness of the policy.

The World Health Organization has identified minimum unit pricing (MUP) policies as the most effective and cost-efficient way to reduce alcohol-related harm.⁵⁷ In Northern Ireland, the public consultation on MUP for alcohol closed in 2022 and despite subsequent commitments from the Health Minister to introduce legislation for MUP before the end of the 2026 mandate, progress has stalled and as of February 2026, the proposal has yet to receive Executive approval.⁵⁸

From 2014–2024, deaths from alcohol-specific causes in Northern Ireland rose by 81% and latest findings show that alcohol contributes to at least 676 deaths and 7,426 hospital admissions each year.^{59, 60} These figures illustrate the urgency to progress MUP for alcohol in Northern Ireland to prevent further alcohol-related deaths. MUP for alcohol was introduced in Scotland in 2018 and since then has demonstrably reduced alcohol-attributable deaths and hospital admissions, particularly in deprived communities.⁶¹ MUP for alcohol was introduced in Wales in March 2020 and the original price of 50p per unit of alcohol has since increased to 65p, to account for inflation.⁶² In Ireland, MUP came into effect in January 2022, establishing a minimum price of €0.10 per gram of alcohol, equivalent to €1 per standard drink.⁶³

While neighbouring jurisdictions have acted to reduce alcohol-related health harms, Northern Ireland continues to fall behind. With alcohol specific deaths and hospital admissions at record levels in Northern, the introduction of MUP for alcohol must be prioritised.

RAG STATUS:

RED



INCOMPLETE

- 10 Gather evidence and consider the introduction of minimum/maximum unit pricing for tobacco products which would deter the supply of the cheapest products whilst also preventing the tobacco industry from shifting price increases from cheap to premium products. It is important that such an intervention would be supported with appropriate treatment services and support to help people quit smoking.**

There is no public indication of evidence gathering for the potential introduction of MUP for tobacco products in Northern Ireland, despite strong evidence of the efficacy of this intervention in terms of reduction in smoking prevalence. A 2019 UK survey found that about 20% of people who smoke said they would smoke less or quit if a minimum price for tobacco were introduced, while nearly 40% of people who used to smoke said it would help prevent them restarting smoking.⁶⁴ A study commissioned by Public Health Scotland found that a 60p minimum price could lead to 16,327 people stopping smoking in the next ten years, contribute to 1,467 fewer hospital admissions, prevent 285 deaths, and add an additional 6,792 years of life to the Scottish population by 2034, if it was implemented in 2024.⁶⁵

To maximise the impact of the Tobacco and Vapes Bill to reduce smoking prevalence and smoking related NCDs and deaths in Northern Ireland, the Department of Health must continually review emerging and established evidence on interventions proven to reduce smoking prevalence over the long term—such as MUP for tobacco. The Executive must act promptly to introduce and implement such measures in Northern Ireland. Evidence to date demonstrates the potential of MUP for tobacco products as an effective intervention for reducing smoking rates and, consequently, smoking-related non-communicable diseases, deaths, and disability-adjusted life years.

RAG STATUS:

AMBER



IN PROGRESS

- 11 Place the restoration of support services for weight management, alcohol treatment and smoking cessation at the heart of HSC recovery. This should include sharing learning on how technology can provide flexible and accessible options for people in need of support.**

Since 2022, there has been some progress in restoring and enhancing support services for weight management, alcohol treatment, and smoking cessation services.

Weight management services:

In May 2025, the Health Minister announced the introduction of Regional Obesity Management Services (ROMS).⁶⁶ Prior to this, health service patients in Northern Ireland did not have access to specialist weight management provision. The service will be rolled out in phases, beginning with the development of a community-based service where patients will have access to lifestyle support as well as obesity medication, if clinically appropriate. Further phases will develop additional interventions such as access to bariatric surgery and access to weight loss medication in line with NICE guidelines. The introduction of ROMS is a significant step towards tackling growing obesity in Northern Ireland which is a major modifiable risk factor for NCDs but access to and availability of these services must be equitable across Northern Ireland.

Alcohol treatment services:

Since 2022, Northern Ireland has made clear progress in improving alcohol addiction treatment. This includes stronger governance, better planning, expanded service models, and improved monitoring. In 2024 the Health Minister launched a four-year cross-sector plan for the implementation of the "Preventing Harm, Empowering Recovery" strategy (2021–31).⁶⁷ This plan emphasises a continuum of care with clear treatment pathways, equitable access to community detoxification for alcohol and drugs; integrated support for physical and mental well-being and co-production with community, voluntary sectors, people with lived experience, and families. The implementation plan is underpinned by a commitment to a digital innovation approach to increase accessibility to prevention, advice and support services. In May 2025, Queen's University Belfast launched a **PEACEPLUS-funded**

project which will develop three digital products to remove barriers and improve access to personalised community-based treatment and support for those living with substance use issues.⁶⁸ This signals a shift towards harnessing digital solutions to improve access and support, ultimately enabling earlier intervention, sustained recovery, and reduced consumption of substances including alcohol. By lowering alcohol consumption at a population level, these measures could directly contribute to reducing alcohol-related health harms and help prevent the long-term burden of non-communicable diseases.

Smoking cessation services:

The Regional Pharmacy Stop Smoking Service was updated in 2024-25, including specialist training requirements, and nicotine replacement therapy (NRT) remaining the main support used by around 70-74% of people who quit.⁶⁹ Face-to-face and pharmacy-based stop-smoking services were reinstated during 2022-2023, returning to pre-pandemic delivery models, now with hybrid options to improve access.⁷⁰

Prioritising prevention by tackling major NCD risk factors – obesity, smoking, and alcohol consumption – will not only improve population level health but also significantly reduce the burden on the already-overstretched health and social care system by preventing illness and lowering the number of people requiring treatment.



RAG STATUS:

AMBER



IN PROGRESS

- 12 Enable the health and social care system to provide smoking cessation support to ensure that all smokers are offered services in primary and secondary care, as well as utilising community pharmacies and the third sector for local service delivery. This support should especially target more deprived communities with higher smoking rates.**

Health and Social Care Northern Ireland (HSCNI) offers smoking cessation services across face-to-face, digital, pharmacy, and primary care settings, but limited resources affect their delivery, long term sustainability and expansion. By the 2022–23 financial year, face-to-face support was restored alongside telephone and online options, reflecting a return to pre-pandemic delivery models.⁷¹ Over two-thirds of quit-date assignments (approximately 6,488 out of 9,587 in 2024–25) were managed through community pharmacies under updated specialist training programmes.⁷²

Smoking cessation support is available through GP surgeries and Health and Social Care (HSC) Trust clinics.⁷³ However, there are indications of resource and capacity limitations. Service utilisation is below the current target with only ~3.8% of adult smokers having accessed structured cessation support between 2022 and 2023 – falling short of the 5% target.⁷⁴ The HSC Trusts across Northern Ireland are experiencing workforce pressures, limiting the capacity to scale up outreach and innovation. Strengthening and adequately resourcing these services is critical for reducing smoking prevalence and preventing smoking related NCDs.

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IN PROGRESS

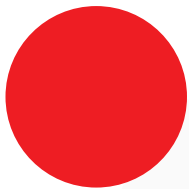
13 Ensure equitable access to effective weight management services across all HSC Trusts.

Access to weight management services in Northern Ireland has historically been limited and inequitable. Until the Health Minister's announcement in May 2025, Northern Ireland lacked specialist weight management services, including access to modern weight loss medications recommended under the NICE guidelines.⁷⁵ The Regional Obesity Management Service represents positive progress towards improving the availability and access to services across all Health and Social Care (HSC) Trusts, however there is limited public detail on delivery timelines, funding, or implementation arrangements. To effectively reduce obesity-related health inequalities, delivery of these services must not be constrained by regional disparities in available resources and staffing.



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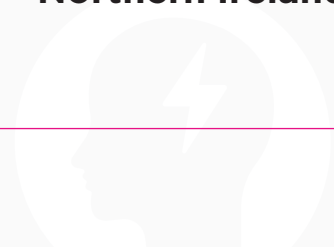
INCOMPLETE

14 **Recommence feasibility study into the establishment of Northern Ireland's first bariatric surgery service as soon as is practicable.**

Progress since 2022 remains limited, as bariatric surgery – an evidence-based intervention proven to reduce obesity-related diseases and long-term mortality – has not yet been introduced in Northern Ireland. While its inclusion within the new Regional Obesity Management Service is a welcome ambition, delivery will depend on future funding, leaving a critical gap in efforts to effectively prevent and reduce obesity-related NCD prevalence.^{76, 77}



Obesity has been linked to 1 in 8 premature deaths from NCDs in Northern Ireland.



Conclusion

Since 2022, there has been limited progress to prevent NCDs and reduce the prevalence of modifiable NCD risk factors. The publication of a new strategic framework for obesity prevention and the restoration of weight management, alcohol treatment, and smoking cessation services collectively signal a degree of commitment to improve population-level health. However, these actions do not sufficiently deliver the systemic change required to effectively address the commercial determinants of health. Key population-level measures have stagnated or remain incomplete, including the absence of a smoke-free target date, delayed legislation on minimum unit pricing for alcohol, lack of bariatric surgery provision, and failure to restrict HFSS price promotions and alcohol advertising.

To effectively reduce the prevalence of non-communicable diseases in Northern Ireland, prevention must be prioritised during the next mandate as a central pillar of health policy. This requires a whole-system approach that places tackling the commercial determinants of health at its core. NCD prevention is essential not only for improving population health and reducing health inequalities but also for alleviating pressure on our already overstretched health and social care system.

Accelerating implementation of evidence-based measures —supported by clear timelines, accountability mechanisms, and ring-fenced funding—will be critical to deliver meaningful change and protect future generations from preventable illness and premature death.



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NCD ALLIANCE NORTHERN IRELAND

NCD Alliance Northern Ireland is a coalition of health organisations which collaborate to campaign for action to reduce the burden of non-communicable diseases (NCDs) and improve population health through evidence-based policy action to reduce tobacco and related products, the consumption of alcohol and food and drink high in fat, salt and sugar.

More information can be found here:

www.bhf.org.uk/what-we-do/in-your-area/northern-ireland/campaigning-and-influencing-in-northern-ireland/ncd-prevention-report